



Provider Web Portal Quick Guide: Submitting an Institutional Claim

1. Login to Provider Web Portal.

2. Select Claims in the header.

COLORADO
Department of Health Care
Policy & Financing

Health First COLORADO™
Colorado's Medicaid Program
[Contact Us](#) | [Logout](#)

Home | **Eligibility** | **Claims** | Care Management | Resources

Home Tuesday 05/08/2018 04:50 PM MST

Provider Name	Medical Provider	Provider ID	Providers - 1234567891 (NPI)	Location	0000000000 - Medical Provider
		Taxonomy	207P00000X		

User Details

Welcome username123

- [My Profile](#)
- [Manage Accounts](#)

Provider

Name Medical Provider
Provider ID 1234567891 (NPI)
Location ID 0000000000

- [Provider Maintenance](#)
- [EFT/ERA \(835\) Enrollment](#)
- [Disenroll](#)

Welcome Health Care Professional!

[Contact Us](#)

[Notify Me](#)

[Alerts](#)

[Secure Correspondence](#)

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.

3. Select Submit Claim Inst.

The screenshot shows the Provider Web Portal interface. At the top, there are navigation tabs: Home, Eligibility, Claims (highlighted in green), Care Management, and Resources. Below these tabs is a green bar with links: Search Claims, Submit Claim Dental, Submit Claim Inst, Submit Claim Prof, and Search Payment History. The main content area is titled 'Claims' and shows the date 'Tuesday 05/08/2018 05:02 PM MST'. Below this, there is a table with provider information: Provider Name (Medical Provider), Provider ID (Providers - 1234567891 (NPI)), Location (0000000000 - Medical Provider), and Taxonomy (207P00000X). At the bottom, there is a green button labeled 'Claims' and a list of links: Search Claims, Submit Claim Dental, Submit Claim Inst (highlighted with an orange box), Submit Claim Prof, and Search Payment History.

4. Select the "Claim Type" (Inpatient, Crossover Inpatient, Outpatient, Crossover Outpatient or Long-Term Care). Next, enter the information needed for the claim on the Submit Institutional Claim: Step 1 page and click "Continue".

The Long-Term Care claim type should only be utilized for Nursing Facility charges.

The Institutional Provider ID is not necessary. The Billing Provider ID will be used to process claims.

To enter Medicare information, select a claim type of Crossover Outpatient or Crossover Inpatient. Crossover Inpatient Medicare information will be entered on the Submit Institutional Claim: Step 1 page. Crossover Outpatient Medicare information will be entered on Submit Institutional Claim: Step 3 page.

Submit Institutional Claim: Step 1

* Indicates a required field.

Claim Type Inpatient

Provider Information

If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

Billing Provider ID	1234567891	ID Type	NPI	Name	Medical Provider
Taxonomy	Emergency Medicine				
Institutional Provider ID		ID Type		Name	
Taxonomy					
Attending Provider ID		ID Type		Name	
Taxonomy					
Operating Provider ID		ID Type		Name	
Taxonomy					
Other Operating Provider ID		ID Type		Name	
Taxonomy					

Member Information

*Member ID

Last Name First Name

Birth Date

Address

City

State Zip Code

Claim Information

*Covered Dates

*Admission Date/Hour Discharge Hour

*Admission Type

*Admission Source

*Admitting Diagnosis Type ICD-10-CM

*Admitting Diagnosis

*Patient Status

*Facility Type Code

*Patient Number

Previous Claim ICN

Note


Include Other Insurance

Total Charged Amount \$0.00

Continue Cancel

NOTE: Check the "Include Other Insurance" box to indicate a commercial (Non-Medicare) Third-Party Liability (TPL) coverage. Please refer to the Other Insurance Quick Guide for more information.

5. Enter the “Diagnosis Type” and “Diagnosis Code” information on the Submit Institutional Claim: Step 2 page under “Diagnosis Codes” and click “Add”.

Submit Institutional Claim: Step 2 

* Indicates a required field.

Claim Type Inpatient


Provider Information

Billing Provider ID	1234567891	ID Type	NPI	Name	Medical Provider
Taxonomy	Emergency Medicine				

Patient and Claim Information

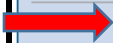
Member ID	U123456	Gender	Female
Member	JANE E. DOE	Total Charged Amount	\$0.00
Birth Date	99/99/9999	Admission Date/Hour	05/01/2018 - 07:00
Covered Dates	05/01/2018 - 05/08/2018	Admitting Diagnosis	I161-Hypertensive emergency
Admitting Diagnosis Type	ICD-10-CM		

[Expand All](#) | [Collapse All](#)


Diagnosis Codes 

Select the row number to edit the row. Click the **Remove** link to remove the entire row.
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	POA	Action
1				
1	*Diagnosis Type ICD-10-CM	*Diagnosis Code		
	Present on Admission No			


 [Add](#) [Reset](#)

6. If applicable, enter the “Diagnosis Type” and “Diagnosis Code” information on the Submit Institutional Claim: Step 2 page under “External Cause of Injury Diagnosis Codes” and click “Add”.


External Cause of Injury Diagnosis Codes 

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Diagnosis Type	External Cause of Injury Diagnosis Code	Action
1			
1	*Diagnosis Type ICD-10-CM	*External Cause of Injury Diagnosis Code	

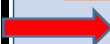
 [Add](#) [Reset](#)

7. If applicable, enter the “Diagnosis Type” and “Diagnosis Code” information on the Submit Institutional Claim: Step 2 page under “Patient Reason for Visit Diagnosis Codes” and click “Add”.

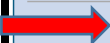
Patient Reason for Visit Diagnosis Codes			
Select the row number to edit the row. Click the Remove link to remove the entire row.			
#	Diagnosis Type	Patient Reason for Visit Diagnosis Code	Action
1			
1	*Diagnosis Type ICD-10-CM ▼	*Patient Reason for Visit Diagnosis Code	
 <input type="button" value="Add"/> <input type="button" value="Reset"/>			

8. If applicable, enter the “Condition Code” information on the Submit Institutional Claim: Step 2 page under “Condition Codes” and click “Add”.

Condition and occurrence codes can be found in the following UB-04 billing manuals: [Dialysis Billing Manual](#), [FQHC and RHC Billing Manual](#), [Home Health Billing Manual](#), [Hospice Care Billing Manual](#), [Inpatient/Outpatient Billing Manual](#), [Nursing Facility Billing Manual](#) and the [Private Duty Nurse Billing Manual](#).

Condition Codes		
Click the Remove link to remove the entire row.		
#	Condition Code	Action
1		
1	*Condition Code	
 <input type="button" value="Add"/> <input type="button" value="Reset"/>		

9. If applicable, enter the “Occurrence Code” and “From and To Date” information on the Submit Institutional Claim: Step 2 page under “Occurrence Codes” and click “Add”.

Occurrence Codes				
Select the row number to edit the row. Click the Remove link to remove the entire row.				
For an Occurrence Code enter the same From and To Date. For an Occurrence Span enter the From and To dates of the span.				
#	Occurrence Code	From Date	To Date	Action
1				
1	*Occurrence Code	*From Date	*To Date	
 <input type="button" value="Add"/> <input type="button" value="Reset"/>				

- 10. If applicable, enter the value code and amount information on the Submit Institutional Claim: Step 2 page under “Value Codes” and click “Add”.**

Value Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Value Code	Amount	Action
1			

1

*Value Code *Amount

Add **Reset**

- 11. If applicable, enter the “Surgical Procedure Type”, “Surgical Procedure Code” and “Date” information on the Submit Institutional Claim: Step 2 page under “Surgical Procedures” click “Add”. Click “Continue” when finished.**

Surgical Procedures

Select the row number to edit the row. Click the **Remove** link to remove the entire row. Please note that the 1st surgical procedure code entered is considered to be the principal (primary) Surgical Procedure Code.

#	Surgical Procedure Type	Surgical Procedure Code	Date	Action
1			—	

1

*Surgical Procedure Type *Surgical Procedure Code

*Date

Add **Reset**

Back to Step 1 **Continue** **Cancel**

12. Enter the service detail information and, if applicable, upload supporting attachments on the Submit Institutional Claim: Step 3 page under “Service Details” and “Attachments”. Once finished, click “Submit”.

Submit Institutional Claim: Step 3

* Indicates a required field.

Claim Type Inpatient

Provider Information

Billing Provider ID 1234567891 **ID Type** NPI **Name** Medical Provider
Taxonomy Emergency Medicine

Patient and Claim Information

Member ID U123456 **Gender** Female
Member JANE E DOE
Birth Date 99/99/9999 **Total Charged Amount** \$0.00
Covered Dates 05/01/2018 - 05/08/2018 **Admission Date/Hour** 05/01/2018 - 07:00
Admitting Diagnosis Type ICD-10-CM **Admitting Diagnosis** I161-Hypertensive emergency

[Expand All](#) | [Collapse All](#)

Diagnosis Codes

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action
<u>1</u>							

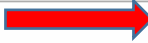
1
 *Revenue Code
 HCPCS/Proc Code
 Modifiers
 From Date To Date
 *Units
 *Unit Type
 *Charge Amount

Add
 Reset

Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="text"/> Click to add attachment.					

Back to Step 1
 Back to Step 2
 
 Submit
 Cancel

13. Confirm Institutional Claim information that was entered. If correct, click "Confirm".

If changes need to be made, navigate back to the appropriate section using the "Back to Step X" buttons at the bottom of the page. Do not use the web browser's "back" button as it can cause errors on the claim.

Confirm Institutional Claim

Select Print Preview **before** you Confirm if you want to assure you view the claim as you entered it. After confirmation, Print Preview may reflect changes as the claim has been saved on the payer system.

Claim Type Inpatient

Provider Information		
Billing Provider ID	1234567891	ID Type NPI
Taxonomy	Emergency Medicine	Name Medical Provider
Institutional Provider ID	..	ID Type ..
Taxonomy	..	Name ..
Attending Provider ID	..	ID Type ..
Taxonomy	..	Name ..
Operating Provider ID	1234567891	ID Type NPI
Taxonomy	Emergency Medicine	Name Medical Provider
Other Operating Provider ID	..	ID Type ..
Taxonomy	..	Name ..

Member Information		
Member ID	U123456	Gender Female
Member	JANE E DOE	
Birth Date	99/99/9999	
Address	..	
City	..	
State	..	Zip Code ..

Claim Information		
Covered Dates	05/01/2018 - 05/08/2018	Admission Date/ Hour 05/01/2018 - 07:00
Admission Type	1-Emergency	Admission Source 2-Clinic or Physician's Office
Admitting Diagnosis Type	ICD-10-CM	Discharge Hour 11:00
Admitting Diagnosis	I161	Facility Type Code 11-Hospital Inpatient (Part A)
Patient Status	09-Admitted as an Inpatient to this Hospital	
Patient Number	12345	
Previous Claim ICN	..	
Note	..	
		Total Charged Amount \$1,000.00

[Expand All](#) | [Collapse All](#)

Diagnosis Codes
Primary Diagnosis Codes exist for this claim
Secondary Diagnosis Codes exist for this claim
Tertiary Diagnosis Codes exist for this claim
Quaternary Diagnosis Codes exist for this claim
Quinary Diagnosis Codes exist for this claim
Sixth Diagnosis Codes exist for this claim
Seventh Diagnosis Codes exist for this claim
Eighth Diagnosis Codes exist for this claim
Ninth Diagnosis Codes exist for this claim
Tenth Diagnosis Codes exist for this claim

Back to Step 1
Back to Step 2
Back to Step 3
Print Preview
Confirm

Note: If changes need to be made, navigate back to the appropriate section using the "Back to Step X" buttons at the bottom of the page.

14. The claim status and Claim ID will be displayed on the Submit Inpatient Claim: Confirmation page. This will also appear on the RA.

Submit Inpatient Claim: Confirmation

Inpatient Claim Receipt

Your Inpatient Claim was successfully submitted. The claim status is Denied.

The Claim ID is 123456789123 .

Click **Print Preview** to view the claim details as they have been saved on the payer's system.

Click **Copy** to copy member or claim data.

Click **New** to submit a new claim.

Click **View** to view the details of the submitted claim.

Print Preview **Copy** **New** **View**

Please note, one of three claim status values will appear on this page:

- **Approved**
- **Denied**
- **Suspend**

Need More Help?

Please visit the [Quick Guides and Webinars](#) web page to find all the Provider Web Portal Quick Guides.